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TRANSMITTAL			Application Number		10/607,070				
			Filing Date		June 25, 2003				
FORM			First Named Inventor		SHAOLIAN, Samuel				
			Art Unit		3733				
(to be used for all correspondence after initial filing)			Examiner Name		HOFFMAN, Mary C.				
Total Number of Pages in This Submission			Attorney Docket Number		64118.000140				
ENCLOSURES (Check all that apply)									
X PTOL-85 F	Part B Fee Transmittal	Drawing(s)	rawing(s)		After Allowance Communication to TC				
X Fee	Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After	Final	Petition to Convert to a Provisional Application			Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		on Address	Status Letter				
Extension of Time Request		Terminal Disclaimer		Other Enclosure(s) (please Identify below):					
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Information Disclosure Statement		CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Landscape Table on CD							
Reply to Missing Parts/ Incomplete Application		Remarks							
Repl	y to Missing Parts under FR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	GOODWIN PROCT	ER LLP							
Signature	Van								
Printed name	Patrick A. Doody								
Date	June 7, 2007			Reg. No.	35,022				

PART B - FEE(S) TRANSMITTAL

Complete-and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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	,						(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	2	ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/607,070	06/25/2003		Samuel M. Shaolian			14307-6	6535			
TITLE OF INVENTION:										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	МО	\$1400	\$300	\$0 \$1		\$1700	06/08/2007			
EXAMIN	EXAMINER		CLASS-SUBCLASS]						
HOFFMAN, I		3733	606-080000							
Change of correspondent (FR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Chan 22) attached.	ge of Correspondence	(1) the names of up to or agents OR, alternati	For printing on the patent front page, list the names of up to 3 registered patent attempts upon to 4. Alternatively, the mane of a single firm (having as a member a guitared patent attempts of the name of a single firm (having as a member a guitared patent attempts of the name of a single firm (having as a member a guitared patent attempts of the name of a single firm (having as a member a guitared patent attempts of the name of the						
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